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**TO: Economic Support Supervisors
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**FROM: Amy Mendel-Clemens
Communications Section
Bureau of Health Care Eligibility**

BHCE/BWP OPERATIONS MEMO

No.: 03-29 Updated

Date: 07/30/2003

Non W-2 [X] W-2 [] CC []

PRIORITY: HIGH

SUBJECT: FREEZE ON FAMILY CARE NON-MA ENROLLMENTS

CROSS REFERENCE: Family Care statute, §46.286 (3) (d),
Operations Memo 01-65

EFFECTIVE DATE: Immediately

PURPOSE

This memo is to inform you of the procedures for implementing the enrollment freeze effective May 1, 2003, for most new non-MA Family Care eligible persons.

BACKGROUND

Enrollment of persons eligible for Family Care (FC) but ineligible for Medicaid (MA) has exceeded projections. In order to keep spending for most of these individuals within State appropriations, there is a temporary freeze on enrollment for most Family Care Non-MA applicants. The freeze takes effect May 1, 2003, and will remain in effect until further notice from the Department. A modification of eligibility determination and enrollment procedure is necessary in order to implement the freeze.

POLICY

During the freeze, effective May 1, 2003, most new Family Care non-MA eligible persons will not be able to enroll. There are four groups of persons ineligible for MA who are exempted from the freeze:

1. Family Care non-MA eligible persons who are *already enrolled* are not affected and will continue to be served.
2. Family Care non-MA eligible persons who are waiting for a Social Security Administration (SSA) disability determination are exempt from the freeze.
3. Family Care eligible persons who have met their MA deductible (spend-down) on or after May 1, 2003 are not required to disenroll if they remain Family Care non-MA eligible when the new deductible period begins.
4. Other persons who were financially eligible for MA at the time of enrollment, but who have since lost financial eligibility for MA, will not be required to disenroll, but may have a MA deductible or a non MA Family Care cost share.

The freeze will remain in effect until further notice from the Department.

PROCESSING INSTRUCTIONS

CURRENT ENROLLEES

All Family Care Non-MA clients who are currently enrolled are not affected by the freeze and will continue to be served.

PENDING DISABILITY

Persons who apply before or after May 1, 2003 for Family Care and are waiting for a disability determination are exempted from the freeze. Following the normal process, enter functional eligibility information obtained from the Resource Center on CARES ANFR screen and determine Family Care non-MA eligibility (leave pending in CARES). Results of the FC non-MA determination should be sent to the resource center following the normal process. The Resource Center will provide capacity and enrollment date information back to the ES worker. The ES worker should enter Capacity and Enrollment Date on ANFR and confirm the resulting FC non-MA eligibility determination.

When the ES worker receives the disability determination, it should be processed in CARES:

- If the client is determined disabled by the Disability Determination Bureau, then enter the disability information as usual on ANDI in CARES. Run eligibility including running with dates for applicable back months for MA and FC. If MA and FC MA opens, the client will be eligible for MA and continue FC benefits under FC MA.
- If the client is determined to not be disabled by the Disability Determination Bureau, then enter them as not disabled in CARES. Run eligibility to process MA eligibility. If MA is denied/closes and FC Non-MA is still passing, the ES worker should inform the Resource Center that the client is continuing only as FC Non-MA eligible, including the reason for MA ineligibility. The Resource Center will provide direction about whether or not to disenroll the client. If the Resource Center informs the ES worker that the client should be disenrolled from FC Non-MA, the ES worker should change CARES ANFR screen 'CMO Capacity' to No. Run eligibility in CARES and CARES will close FC Non-MA eligibility according to Adverse Action logic. **ES will inform the Resource Center of the date of disenrollment.**
- If the client appeals the negative disability determination, the ES worker should inform the Resource Center. The Resource Center worker will provide direction about whether or not

the client should be disenrolled from FC for no capacity. If the Resource Center informs the ES worker that the client should be disenrolled from FC Non-MA for no capacity, the ES worker should change CARES ANFR screen 'CMO Capacity' to N (no capacity). Run eligibility and CARES will close FC Non-MA eligibility according to Adverse Action logic.

DEDUCTIBLES

If an applicant has met deductible status on or after May 1, 2003, s/he is eligible for MA and will be enrolled. If at the end of the met deductible period, the client is found to be FC Non-MA eligible, s/he will not be required to disenroll during the period while s/he is ineligible for MA because a new deductible period has been established.

ELIGIBILITY DETERMINATION AND ENROLLMENT PROCESS

Resource Centers will continue to refer clients to the Economic Support Agency for MA/Family Care determination. If it is determined that the applicant is not eligible for MA but is eligible for Family Care Non-MA, the eligibility worker communicates this and the reason for MA ineligibility to the Resource Center.

The Resource Center worker will then notify the ES worker if the client should be enrolled. The ES worker will use the CARES ANFR screen 'CMO Capacity' field to indicate this enrollment:

- If the client should be enrolled, CARES ANFR screen 'CMO Capacity' should be set to "Yes" and the enrollment date also sent from the Resource Center should be entered. The ES worker should process FC Non-MA eligibility in CARES in the usual manner to enroll the client in FC Non-MA.
- If the client should not be enrolled, CARES ANFR screen 'CMO Capacity' should be set to "No." The ES worker should process FC Non-MA eligibility in CARES in the usual manner to deny the client for FC Non-MA.

In CARES, when FC Non-MA is failing because the CMO capacity is "No", reason code 318 will set. Reason code 318 states "No capacity in the Family Care Case Management organization". Upon confirmation of the FC Non-MA failure, a CARES closure/denial notice will be issued stating this reason for failure.

NOTE ➤ All Family Care nonMA enrollees are required to have:

1. comprehensive level of care, or
2. intermediate level of care with adult protective service needs.

CONTACTS

BHCE CARES Information & Problem Resolution Center

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Telephone: (608) 261-6317 (Option #1)
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Note: Email contacts are preferred. Thank you.